20 filed \$131/0%

U.S. Patent and Trademark Off Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information units PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form P?0-575						Application or Docket Number		
APPLICATION AS FILED - PART (Column 1) (Column 2)		- PART ((Column 2)	SMALL ENTITY				OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)			T	-
ASIC FEE . 17 CFR 1.16(e), (b), or (c) EARCH FEE				395		RATE (3)	790	· ·
7 CFR 1.16(k), (i), or (m)) XAMINATION FEE								
7 CFR 1.16(0) (p), or (q)) OTAL CLAIMS 7 CFR 1.16(1))	58 minus 28 x	Ø	× 24.			(2)		
DEPENDENT CLAIMS 7 CFR 1.16(h))	A minus 3 =		×/(1) =		OR	x 900) =	+	
PPLICATION SIZE	If the specification and -sheets-of-paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G)-a	plication-size-fee-due entity) for each fraction therest. See		· · · · · · · · · · · · · · · · · · ·				
AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))			180			360	- -	
If the difference in column 1 is less than zero, enter "O" in column 2.			TOTAL			TOTAL	19000	-
	TION AS AMENDED -		•	•		251.50		
		GHEST (Column'3)	SMALLE	MITA	OA.	OTHER SMALL	ENTITY	
1 1 1 3 1 1 1 1	MAINING NI AFTER PRE ENDMENT PA	UMBER PRESENT VIOUSLY EXTRA UD FOR	RATE (\$)	ADDI- TIONAL FEE (S)		RATE (S)	ADDI- TIONAL FEE (S)	
INCOMINAL INCOMINATION OF COMMINATION OF COMMINATIO	Minus	3	25		r. [50		
	or comis sersis.		×100=		C# L	200		
FIRST PRESENTATION	OF MULTIPLE DEPENDENT CL	AM OF CHRISTING /	180	\bot	or [360		
			ADDILFEE		CH -	701AL ASO/L 788		
		ohumrt 2) - (Cotumnt 5)			===			
2/13/01	AIRING ESE FTER PRE-	MEST PESSINT MOUSLY EVERA	PATE 15	- 000 - 000		1 July 1		٠
(100) (100) (100)	56 " "	5840	:25	<u> </u>	. <u></u>	50		
Application Size Fee (77 CFR 1.16(s))	30	×100.		٠- ا	200		
	A MONTALE DE ENDEMI CLA	## 107 C// LISE_I	180			360	7	
- 		. ———	10TAL ADO'L FEE			DIAL SBHJ100		
the Thighest Number	is less than the entry in colu Previously Paid For IN THIS Previously Paid For Office or Previously Paid For Office or	S SPACE is less than 20, et S SPACE is tors than 3, own	nler "20" -			4		•
O to process) an annies	reviously Paid For (Total or s required by 37 CFR 1.16, tion. Confidentiality is govern and submitting the complete are to complete this form and	The anormation is require	d to obtain or retain	a benefit by th	e public	which is to file	(and by the	

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2